



Rod R. Blagojevich, Governor
Barry S. Maram, Director

Illinois Department of Public Aid

201 South Grand Avenue East
Springfield, Illinois 62763-0001

Telephone: (217) 782-5565
TTY: (800) 526-5812

October 29, 2003

INFORMATIONAL NOTICE

TO: Enrolled Home Health Agencies

RE: Elimination of "W" Codes for Home Health Services
Use of Hospital Discharge Date in Field 10 of DPA 2212
New Category of Service 66 for All Home Health Services

Effective with dates of service on or after January 1, 2004, the department is eliminating the use of state-generated "W" codes (level III, local codes) for home health services and transitioning to the use of national (level II) HCPCS codes. This is being done to comply with the Health Insurance Portability and Accountability Act (HIPAA).

A master table of home health codes, for use in billing **both paper and electronic claims**, is attached. The same set of HCPCS codes has been assigned to identify services performed within 60 days of hospital discharge and beyond 60 days of hospital discharge. Effective with service dates on or after January 1, 2004, the following billing changes will apply:

- **For paper claims, home health providers are required to place the patient's hospital discharge date (MMDDYYYY format) in Box 10 on the DPA 2212 if the service date is within 60 days of hospital discharge. Providers have previously completed this field with a department-assigned prior approval number, for services requiring prior approval. The prior approval number will no longer be required on the claim.** For service dates on or after January 1, 2004, the department's processing system will verify no prior approval is necessary according to the hospital discharge date and date of service billed. The service will be rejected if it does not meet the criteria of being within 60 days of hospital discharge.

For services beyond 60 days of hospital discharge, the provider must request prior approval. When billing for service dates that have been prior approved, the provider will leave Box 10 on the DPA 2212 blank. The processing system will search for the prior approval on the database to match to the service date being billed. If no prior approval is found, the claim will reject.

E-mail: dpawebmaster@mail.idpa.state.il.us

Internet: <http://www.dpailinois.com/>

- For electronic claims, home health providers will be required to use the X12 837 Institutional (837I) standard, Version 4010A1 to submit claims, and the discharge date will be reported as stated in the 837I Companion Guide. All department HIPAA Companion Guides may be accessed at <<http://www.state.il.us/dpa/html/chapter300.htm>>.

ADDITIONAL CHANGES AS OF JANUARY 1, 2004:

- Providers must use state-assigned modifier U2 – Skilled Nursing Assessment Visit along with procedure code G0154 to designate an initial home nursing assessment visit. This applies to paper and electronic claims.
- Providers must use the HCPCS codes when requesting prior approval on the DPA 1409 Prior Approval Request or the electronic 278 Health Care Services Review-Request for Review and Response. The department's Prior Approval Unit will begin issuing prior approval letters for home health services utilizing the new codes. Providers then must use these codes when billing for services.

If the service date for a prior-approved service is prior to January 1, 2004, providers must bill using the appropriate "W" code. If the service date for an approved service is on or after January 1, 2004, providers must bill using the new HCPCS code. The appropriate procedure code (by service date) will be identified in the department's prior approval letter to the home health agency.

- For paper claims, the category of service (COS) for **all** home health agency services will change to 66, Home Health Services. All new paper prior approval requests submitted on or after January 1, 2004, must contain category of service 66 in each completed service section of the DPA 1409. Claims submitted for services that do not require prior approval must contain category of service 66 in each completed service section of the DPA 2212.

If the service date for a prior-approved service is prior to January 1, 2004, providers must bill using the appropriate category of service in place prior to January 1 (i.e., skilled nursing visits, category of service 10; physical therapy visits, category of service 11; etc.). If the service date for a prior-approved service is on or after January 1, 2004, providers must bill using the new category of service 66. The appropriate category of service (by service date) will be identified in the department's prior approval letter to the home health agency.

- Providers will be able to bill for a quantity (in the service section "units" box of the DPA 2212 or Loop ID 2400, SV205 of the 837I) greater than one for the same procedure code, same date of service, provided there is a prior approval posted to the department's database that meets the quantity billed on the claim. If the provider exceeds the quantity approved, the claim will be rejected.

Any questions regarding this notice may be directed to the Bureau of Comprehensive Health Services at 217-782-5565.

Anne Marie Murphy, Ph.D.
Administrator
Division of Medical Programs

**Home Health Agency Table of Procedure Codes
Effective January 1, 2004**

Discipline	Definition	COS	“W” Code	New Code 01/01/04	Prior Approval Required
Skilled Nursing	Home nursing assessment visit	66	W8561	G0154 with U2 modifier	No
Skilled Nursing	Nursing visits not following a hospital stay or following the initial 60-day period. Also used for multiple nursing visits on the same date of service.	66	W8562	G0154	Yes
Skilled Nursing	Skilled nursing visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge.	66	W8568	G0154	No
Skilled Nursing (DCFS) DCFS Additional Hours	DCFS nursing visit.	66	W8574	G0154	Yes
	DCFS nursing visit.	66	W8550	G0154	Yes
Home Health Aide	Home health aide visit not following a hospital stay, or following the initial 60-day period. Also used for multiple HHA visits on the same date of service.	66	W8566	G0156	Yes
Home Health Aide	Home health aide visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge.	66	W8572	G0156	No
Home Health Aide (DCFS)	DCFS home health aide visit.	66	W7351	G0156	Yes
Physical Therapy	Physical therapy visit not following a hospital stay, or after the initial 60-day period. Also used for multiple PT visits on the same date of service.	66	W8564	G0151	Yes
Physical Therapy	Physical therapy visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge.	66	W8570	G0151	No
Occupational Therapy	Occupational therapy visit not following a hospital stay, or after the initial 60-day period. Also used for multiple OT visits on the same date of service.	66	W8563	G0152	Yes
Occupational Therapy	Occupational therapy visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge.	66	W8569	G0152	No
Speech Therapy	Speech therapy visit not following a hospital stay, or following the initial 60-day period. Also used for multiple ST visits on the same date of service.	66	W8565	G0153	Yes
Speech Therapy	Speech therapy visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge.	66	W8571	G0153	No